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CONFIRMATION NO. 1715

<b>SERIAL NUMBER</b> 09/989,976	<b>FILING OR 371(c) DATE</b> 11/20/2001 <b>RULE</b>	<b>CLASS</b> 359	<b>GROUP ART UNIT</b> 2873	<b>ATTORNEY DOCKET NO.</b> DIS-P029	
<b>APPLICANTS</b> Haviland Wright, Boulder, CO; Anthony Artigliere, Longmont, CA; David C. McDonald, Longmont, CO; Mark A. Handschy, Boulder, CO; Patrick O'Donnell, Longmont, CO;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/249,943 11/20/2000 <i>yes</i>					
<b>** FOREIGN APPLICATIONS *****</b> <i>No</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 12/04/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance Verified and Acknowledged <i>See Amy</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CO	<b>SHEETS DRAWING</b> 20	<b>TOTAL CLAIMS</b> 39 <i>46</i>	<b>INDEPENDENT CLAIMS</b> 8 <i>3</i>
<b>ADDRESS</b> 25231					
<b>TITLE</b> Dual mode near-eye and projection display system					
<b>FILING FEE RECEIVED</b> 1814	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		